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NOTE: IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH, IN ORDER OF BIRTH, STATED.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>146</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>366</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____	No. <u>K-27 Live Oak Canyon</u>		Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Trinidad Bologna</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	5. Legitimate? <u>yes</u>
7. Date of birth <u>August 13, 1922</u>		(Month, day, year)	
8. FATHER Full name <u>Lorenzo Bologna</u>		14. MOTHER Full maiden name <u>Dolores Gastelum</u>	
9. Residence <u>Miami, Ariz</u> (Usual place of abode) If nonresident, give place and State		15. Residence <u>Miami, Ariz</u> (Usual place of abode) If nonresident, give place and State	
10. Color or race <u>Mexican</u>		16. Color or race <u>Mexican</u>	
11. Age at last birthday <u>34</u> (Years)		17. Age at last birthday <u>34</u> (Years)	
12. Birthplace (city or place) <u>Mexico</u> (State or country)		18. Birthplace (city or place) <u>Mexico</u> (State or country)	
13. Occupation <u>miner</u> Nature of Industry		19. Occupation <u>Housewife</u> Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>8:45 a</u> m. on the date above stated. (Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>J. Francisco</u> (Physician or midwife)	
Given name added from a supplemental report _____ (Month, day, year)		Address <u>Miami, Arizona</u>	
321-813-474 Registrar.		Filed <u>Aug 14</u> , 1922 <u>B. M. Hard</u> Local Registrar.	
		Filed <u>9-7</u> , 1922 <u>B. S. Gray</u> County Registrar.	